



# MERRIMACK FIRE DEPARTMENT

## HEALTH DIVISION

432 Daniel Webster Highway  
Merrimack New Hampshire 03054  
603-420-1730 ♣ Fax 603-424-0603  
HLTH-FRM-001

### APPLICATION FOR ANNUAL FOOD SERVICE LICENSE

NH Chapter He-P 2300, NHRSA 143-A

<sup>1</sup>Full Legal Name of Corporation, LLC or Owner(s) \_\_\_\_\_

<sup>2</sup>Name of Establishment \_\_\_\_\_

<sup>3</sup>Location (Street) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>4</sup>Mailing Address (if different) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>5</sup>Telephone # of Establishment (\_\_\_\_\_) \_\_\_\_\_ <sup>6</sup>Emergency Contact Telephone # (\_\_\_\_\_) \_\_\_\_\_

<sup>7</sup>Fax # (\_\_\_\_\_) \_\_\_\_\_ <sup>8</sup>Email Address \_\_\_\_\_

<sup>9</sup>Name of Person in Charge at Establishment \_\_\_\_\_

<sup>10</sup>Schedule of Operation \_\_\_\_\_

<sup>11</sup>Previous Business Name of Establishment \_\_\_\_\_

<sup>12</sup>Renting/Space Sharing with another licensee? \_\_\_\_ No \_\_\_\_ Yes (enter name) \_\_\_\_\_

<sup>13</sup>Type of Ownership ☐ Sole Proprietorship ☐ Corporation  
☐ Joint Venture ☐ Limited Liability  
☐ Partnership ☐ Other (Specify) \_\_\_\_\_

<sup>14</sup>Type of License ☐ New Establishment  
☐ Change in License Class  
☐ Change of Ownership  
☐ Renewal

<sup>17</sup>Town Water Yes or No  
<sup>17</sup>Town Wastewater Yes or No  
<sup>18</sup>Number of Seats (indoor) \_\_\_\_\_  
<sup>19</sup>Public Water System/(EPA) \_\_\_\_\_

<sup>20</sup>Class of License-check highest class and class category

- ☐ **Class A (\$500)**  
☐ food establishment (FE) with 200 seats or more (2)  
☐ retail food store with 4 or more prep areas (3)
- ☐ **Class B (\$250)**  
☐ retail food store with 2-3 food prep areas (1)  
☐ FE with 100-199 seats (2)
- ☐ **Class C (\$200)**  
☐ retail food store with one food prep area (1)  
☐ caterers off-site (2)  
☐ FE with 25-99 seats (3)  
☐ bar/lounges with food prep area (4)
- ☐ **Class D (\$125)**  
☐ FE with 0-24 seats (including but not limited to bakeries) (1)  
☐ fraternities and sororities (2)  
☐ retail food store – self services (4)  
☐ servicing areas (6)
- ☐ **Class E (\$100)**  
☐ bed and breakfast (1)  
☐ ice cream vendors - scooping (2)  
☐ lodging facilities serving continental breakfast (3)

- ☐ **Class F (\$75)**  
☐ retail food store - no food prep area (3)  
☐ wholesalers/distributors TCS food (4)  
☐ on-site vending machines - serving TCS food (5)  
☐ bakeries which do not serve TCS food / 0 seats (6)
- ☐ **Class G (\$50)**  
☐ bar/lounges with no food prep area that serve alcohol (1)  
☐ arena/theater concessions serving non-TCS food (2)  
☐ retail food stores serving pre-packaged ice cream only (3)  
☐ institutions including state, county and municipal institutions (4)  
☐ private schools (5)  
☐ senior meal sites (6)  
☐ sellers of prepackaged frozen USDA meat or poultry (7)  
☐ Homestead
- ☐ **Class O (No Charge)**  
☐ Municipality operated school cafeterias.

#### Definitions

FE-Food Establishment  
TCS-Time/Temperature Control for food safety

\* **Submit all Supporting documentation. Incomplete applications will be returned.**

<sup>21</sup>☐ **All applications** - Written results of laboratory analysis of water for bacteria, nitrates, and nitrites. (N/A if Town Water)

<sup>21</sup>☐ **New applications only**: Floor Plan –Include additional \$75.00 review fee.

<sup>21</sup>☐ **New/Change of Ownership: applications**-Septic Approvals for Construction *and* Approvals for Operation. (N/A if Town Wastewater)

I, (print name & title)<sup>22,23</sup> \_\_\_\_\_, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Merrimack Health Officer with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: <sup>24</sup> \_\_\_\_\_ DATE: <sup>25</sup> \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING APPLICATION FOR FOOD SERVICE LICENSE**

Please fill in all blanks, if not applicable enter "N/A".

1. **Full Legal Name of Corporation or Owner** - provide the full legal name of the corporation or owner(s) of the establishment.
2. **Name of Establishment** - provide the full name of the establishment.
3. **Location** - provide location of establishment to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - provide mailing address if different than establishment location.
5. **Telephone # of Establishment** - provide the on-site telephone number for the establishment.
6. **Emergency Contact Telephone Number** - provide telephone number for individual who should be contacted in an emergency.
7. **Business Fax Number** - for faxing information.
8. **Email Address** - provide Email address if available.
9. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
10. **Schedule of Operation** - provide hours, days, and weeks per year this establishment will operate.
11. **Previous Business Name of Location** - provide the previous name of establishment.
12. **Renting/Space Sharing** - if yes, indicate name and location of other licensee.
13. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
14. **Type of License** - check the appropriate license type that you are applying for.
17. **Town Water/Town Wastewater** - circle "Yes" if establishment has town water or wastewater, "No" if it does not. If "No" refer to water and wastewater requirements document.
18. **Seating Count** - provide total number of indoor seats for the establishment.
19. **Public Water System/(EPA) Number** - water results sampling number, if applicable.
20. **Class of License** - check highest class and class category. Example; ☒ Class A FE w/200 seats or more.
21. **Requirements** - check each item applicable and submit supporting documentation.
22. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal owner who applies for the license.
23. **Title** - provide title of establishment's applicant.
24. **Signature** - provide original signature of establishment's applicant.
25. **Date** - provide current date.

## **SUBMITTING YOUR APPLICATION**

1. Payment, payable to "Town of Merrimack," must accompany application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, water test results, product list, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to **Merrimack Fire Department, Health Division, 432 Daniel Webster Hwy. Merrimack NH 03054.**
3. For a "Change in License Class, New or Change of Ownership" applications, **five (5) days after forwarding this application with all the required applicable paperwork to Merrimack Fire Department, Health Division, 432 Daniel Webster Hwy. Merrimack NH 03054, call the Health Officer to arrange for an inspection of your facility. Please allow three (3) business days notice for an inspection appointment.**

For additional information or for further assistance, please contact the Merrimack Health Division, (603) 420-1730.